

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 214519	RECEIPT DATE:	01 / 07 / 99
IA NUMBER:	PCT/ JP98 / 02200	IA FILING DATE:	05 / 19 / 98
FAMILY NAME:	HASHIZUME	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	TOSHIKI	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 20 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	101850	COUNTRY:	JPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	OLIFF & BERRIDGE		
STREET:	PO BOX 19928		
CITY:	ALEXANDRIA		
STATE/COUNTRY:	VA	ZIP:	22320
EMAIL:			
APPLICATION TITLES:			
	OPTICAL MODULATION ELEMENT AND PROJECTION DISPLAY DEVICE		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/214,519	01/07/99	353	2851	101850

APPLICANT

TOSHIKI HASHIZUME, OKAYA-SHI, JAPAN; SHINJI HABA, SHIOJIRI-SHI, JAPAN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

EHL

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

THIS APPLN IS A 371 OF PCT/JP98/02200 05/19/98

EHL

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

JAPAN  
JAPAN

9/130093  
9/330619

05/20/97  
12/01/97

EHL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/29/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 10	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>EHL</u> Examiner's Initials _____		Initials _____			

ADDRESS

OLIFF & BERRIDGE  
PO BOX 19928  
ALEXANDRIA VA 22320

TITLE

OPTICAL MODULATION ELEMENT AND PROJECTION DISPLAY DEVICE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$840		